



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BUREAU OF INSURANCE
34 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0034

ALESSANDRO A. IUPPA
SUPERINTENDENT



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual being paid for and license # if available):		
Mailing Address (company/individual being paid for):		
City:	State:	Zip Code:
Purpose of Payment:		
Name of Cardholder:	Contact persons phone #, if questions with this form.	
	Telephone #: () -	
Mailing Address:		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: (please check one)

☐ Visa ☐ MasterCard ☐ Discover _____
(Card number)

Expiration date: ____/____/____ in the amount of: \$ ____
(month) (year)

Signature: _____ Date: ____/____/____
(must be signed by authorized person to validate)

Form is available on our website: maineinsurance.org



PRINTED ON RECYCLED PAPER
OFFICES LOCATED AT 124 NORTHERN AVENUE, GARDINER, MAINE 04345
www.maineinsurancereg.org

Phone: (207) 624-8475 (Office)

Hearing Impaired (207) 624-8563

Customer Complaint (800) 300-5000

Fax: (207) 624-8599